



WHI Baseline Dataset  
**Form 2 - Eligibility Screening**

**Data File:** f2\_os\_pub      **File Date:** 08/02/2007      **Structure:** One row per participant      **Population:** OS participants

**Participant ID**

**Variable #** 1

**Sas Name:** ID

**Sas Label:** Participant ID

**Type:** Continuous

**Usage Notes:** none

**Categories:** Study: Administration

**F2 Days since randomization**

**Variable #** 2

**Sas Name:** F2DAYS

**Sas Label:** F2 Days since randomization

**Type:** Continuous

**Usage Notes:** none

**Categories:** Study: Administration

**F2 Living in area next 3 years**

Do you think you will be living in this area for the next three years?

**Variable #** 3

**Sas Name:** AREA3Y

**Sas Label:** Living in area for next 3 years

**Type:** Categorical

**Usage Notes:** none

**Categories:** Demographic: Geographic  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

**Values**

0

No

1

Yes

**F2 In any other study**

Are you now in any other research study?

**Variable #** 4

**Sas Name:** OTHSTDY

**Sas Label:** In other research study

**Type:** Categorical

**Usage Notes:** none

**Categories:** Study

**Values**

0

No

1

Yes

**F2 Excluded study**

Is study on CC list of excluding studies?

**Variable #** 5

**Sas Name:** EXSTDY

**Sas Label:** Excluded study

**Type:** Categorical

**Usage Notes:** Sub-question of F2 V3 Q9 "In any other study".

**Categories:** Study  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

**Values**

0

No

1

Yes



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**F2 Cancer - breast**

Did a doctor ever say that you had breast cancer?

Variable # 6

Usage Notes: none

Sas Name: BRCA\_F2

Sas Label: Breast cancer ever

Type: Categorical

**Categories:** Medical History: Breast  
Medical History: Cancer  
Study: Eligibility-DM  
Study: Eligibility-HRT**Values**

0 No

1 Yes

---

**F2 Cancer - colon rectum**

Did a doctor ever say that you had colon, rectum, bowel or intestinal cancer?

Variable # 7

Usage Notes: none

Sas Name: COLON\_F2

Sas Label: Colorectal cancer ever

Type: Categorical

**Categories:** Medical History: Cancer  
Study: Eligibility-DM**Values**

0 No

1 Yes

---

**F2 10 yr cancer - colon rectum**

Were you told that you had this cancer in the last 10 years?

Variable # 8

Usage Notes: Sub-question of F2 V3 Q11 "Cancer-colon,rectum".

Sas Name: COLON10Y

Sas Label: Colorectal cancer last 10 years

Type: Categorical

**Categories:** Medical History: Cancer  
Study: Eligibility-DM  
Study: Eligibility-HRT**Values**

0 No

1 Yes

---

**F2 Cancer - endometrial**

Did a doctor ever say that you had endometrial cancer (cancer of the lining of the uterus or womb)?

Variable # 9

Usage Notes: none

Sas Name: ENDO\_F2

Sas Label: Endometrial cancer ever

Type: Categorical

**Categories:** Medical History: Cancer  
Medical History: Reproductive  
Study: Eligibility-HRT**Values**

0 No

1 Yes

---



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**F2 10 yr cancer - endometrial**

Were you told that you had this cancer in the last 10 years?

Variable # 10

Sas Name: ENDO10Y

Sas Label: Endometrial cancer last 10 years

Type: Categorical

## Values

0	No
1	Yes

---

Usage Notes: Sub-question of F2 V3 Q12 "Cancer-endometrial".

Categories: Medical History: Cancer  
Medical History: Reproductive  
Study: Eligibility-DM  
Study: Eligibility-HRT

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**F2 Cancer - skin**

Did a doctor ever say that you had skin cancer?

Variable # 11

Sas Name: SKIN\_F2

Sas Label: Skin cancer ever

Type: Categorical

## Values

0	No
1	Yes

---

Usage Notes: none

Categories: Medical History: Cancer

**F2 Cancer - melanoma**

Was the skin cancer a melanoma?

Variable # 12

Sas Name: MELAN\_F2

Sas Label: Melanoma cancer ever

Type: Categorical

## Values

0	No
1	Yes

---

Usage Notes: none

Categories: Medical History: Cancer  
Study: Eligibility-HRT

---

**F2 10 yr cancer - melanoma**

Were you told that you had this melanoma in the last 10 years?

Variable # 13

Sas Name: MELAN10Y

Sas Label: Melanoma cancer last 10 years

Type: Categorical

## Values

0	No
1	Yes

---

Usage Notes: Sub-question of F2 V3 Q13 "Cancer-skin".  
Sub-question of F2 V3 Q13.1 "Cancer-melanoma".

Categories: Medical History: Cancer  
Study: Eligibility-DM  
Study: Eligibility-HRT

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**F2 10 yr cancer - other**

In the past 10 years, did a doctor ever say that you had any other cancers?

<b>Variable #</b>	14	<b>Usage Notes:</b>	none
<b>Sas Name:</b>	OTHCA10Y		
<b>Sas Label:</b>	Any other cancer than listed last 10 yrs		
<b>Type:</b>	Categorical	<b>Categories:</b>	Medical History: Cancer Study: Eligibility-DM Study: Eligibility-HRT
<b>Values</b>			
0	No		
1	Yes		

**F2 Racial or ethnic group**

How would you describe your racial or ethnic group? If you are of mixed blood, which group do you identify with most?

<b>Variable #</b>	15	<b>Usage Notes:</b>	none
<b>Sas Name:</b>	RACE		
<b>Sas Label:</b>	Racial or ethnic group		
<b>Type:</b>	Categorical	<b>Categories:</b>	Demographic
<b>Values</b>			
1	American Indian or Alaskan Native		
2	Asian or Pacific Islander		
3	Black or African-American		
4	Hispanic/Latino		
5	White (not of Hispanic origin)		
8	Other		

**F2 Heard about study**

How did you hear about the study? (Mark one. If you heard in more than one way, mark the one that made you decide to contact us.)

<b>Variable #</b>	16	<b>Usage Notes:</b>	none
<b>Sas Name:</b>	HEARSTDY		
<b>Sas Label:</b>	Reason for contacting study		
<b>Type:</b>	Categorical	<b>Categories:</b>	Study: Interest
<b>Values</b>			
1	Mailed letter		
2	Brochure		
3	T.V.		
4	Radio		
5	Newspaper or Magazine		
6	Meeting		
7	Friend or Relative		
8	Other		

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**F2 Female hormones ever**

Did you ever use any female hormones like estrogen (Premarin) or progesterone (Provera)? These might be pills, skin patches, implants, creams, suppositories, shots, or birth control pills. (This does not include birth control pills you used before you were 50.)

**Variable #** 17**Usage Notes:** Not collected on all versions of Form 2.**Sas Name:** HORM**Sas Label:** Female hormones ever**Categories:** Medical History: Reproductive  
Reproductive: Hormones**Type:** Categorical**Values**

0	No
1	Yes

---

**F2 Female hormones now**

Are you using female hormones now?

**Variable #** 18**Usage Notes:** Sub-question of F2 V3 Q17 "Female hormones ever".  
Not collected on all versions of Form 2.**Sas Name:** HORMNW**Sas Label:** Female hormones now**Categories:** Medical History: Reproductive  
Reproductive: Hormones**Type:** Categorical**Values**

0	No
1	Yes

---

**F2 Hormones last 3 months**

Have you used female hormones in the last 3 months?

**Variable #** 19**Usage Notes:** Sub-question of F2 V3 Q17 "Female hormones ever".  
Sub-question of F2 V3 Q17.1 "Female hormones now".  
Not collected on all versions of Form 2.**Sas Name:** HORM3M**Sas Label:** Female hormones last 3 months**Categories:** Medical History: Reproductive  
Reproductive: Hormones**Type:** Categorical**Values**

0	No
1	Yes

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**F2 Osteoporosis related break**

Have you ever had an osteoporosis-related fracture or broken bone? (Osteoporosis is a condition where bones become brittle and weak as a woman ages.)

**Variable #** 20**Usage Notes:** Sub-question of F2 V3 Q17 "Female hormones ever".  
Not collected on all versions of Form 2.**Sas Name:** OSTEObk**Sas Label:** Osteoporosis-related fracture ever**Categories:** Medical History: Bone/Fractures**Type:** Categorical**Values**

0	No
1	Yes

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**F2 Hormones to treat break**

Did a doctor give you hormones to treat the fracture or broken bone?

<b>Variable #</b>	21
<b>Sas Name:</b>	HORMBK
<b>Sas Label:</b>	Hormones to treat osteoporosis fracture
<b>Type:</b>	Categorical
<b>Values</b>	
0	No
1	Yes

**Usage Notes:** Sub-question of F2 V3 Q17 "Female hormones ever".  
Sub-question of F2 V3 Q17.3 "Osteoporosis-related fracture".  
Not collected on all versions of Form 2.

**Categories:** Medical History: Bone/Fractures  
Medical History: Medications  
Reproductive: Hormones  
Study: Eligibility-HRT

**F2 Ever had a hysterectomy**

Did you ever have a hysterectomy? (This is an operation to take out your uterus or womb.)

<b>Variable #</b>	22
<b>Sas Name:</b>	HYST
<b>Sas Label:</b>	Hysterectomy ever
<b>Type:</b>	Categorical
<b>Values</b>	
0	No
1	Yes

**Usage Notes:** none

**Categories:** Medical History: Reproductive  
Reproductive

**F2 Hysterectomy in last 3 mon**

Was your hysterectomy within the last 3 months?

<b>Variable #</b>	23
<b>Sas Name:</b>	HYST3M
<b>Sas Label:</b>	Hysterectomy last 3 months
<b>Type:</b>	Categorical
<b>Values</b>	
0	No
1	Yes

**Usage Notes:** Sub-question of F2 V3 Q18 "Ever had a hysterectomy".

**Categories:** Medical History: Reproductive  
Reproductive

**F2 Age at hysterectomy**

How old were you when you had your hysterectomy?

<b>Variable #</b>	24
<b>Sas Name:</b>	HYSTAGE
<b>Sas Label:</b>	Age at hysterectomy
<b>Type:</b>	Categorical
<b>Values</b>	
1	Less than 30
2	30-34
3	35-39
4	40-44
5	45-49
6	50-54
7	55-59
8	60 or older

**Usage Notes:** Sub-question of F2 V3 Q18 "Ever had a hysterectomy".

**Categories:** Medical History: Reproductive  
Reproductive

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**F2 Last bleeding or spotting**

When was the last time you had any menstrual bleeding or spotting? (Your best guess.)

**Variable #** 25**Usage Notes:** none**Sas Name:** MENSELST**Sas Label:** Last time had any menstrual bleeding**Categories:** Medical History: Reproductive  
Reproductive: Menstrual**Type:** Categorical**Values**

1	Still having menstrual bleeding
2	Within last 6 months
3	7 to 12 months ago
4	Over 12 months ago

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**F2 Meals away from home**

How many of your meals are prepared away from your home each week, that is, meals that you eat in a restaurant, or as "take-out", or at friends' or relatives' houses?

**Variable #** 26**Usage Notes:** none**Sas Name:** MEALOUT**Sas Label:** 10 or more meals prepared away from home**Categories:** Diet  
Study: Eligibility-DM**Type:** Categorical**Values**

1	Less than 10 meals each week
2	10 or more meals each week

---

**F2 Malabsorption diet**

Are you following a special diet prescribed by a doctor for malabsorption, celiac sprue (sometimes this is called a gluten-free diet), ulcerative colitis, or Crohn's disease? (We know that these may be unfamiliar words. If you have not been told to follow one of these diets, mark No.)

**Variable #** 27**Usage Notes:** Not collected on all versions of Form 2.**Sas Name:** MALDIET**Sas Label:** Special malabsorption diet**Categories:** Diet  
Study: Eligibility-DM**Type:** Categorical**Values**

0	No
1	Yes

---

**F2 Low fiber diet**

Are you following a special low-fiber or low-residue diet (low in fruits, vegetables, and grains) that was prescribed for you by your doctor?

**Variable #** 28**Usage Notes:** Not collected on all versions of Form 2.**Sas Name:** LFDIETF2**Sas Label:** Special low-fiber diet**Categories:** Diet  
Study: Eligibility-DM**Type:** Categorical**Values**

0	No
1	Yes

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**F2 Sugar diabetes**

Did a doctor ever say that you had sugar diabetes or high blood sugar when you were not pregnant?

<b>Variable #</b>	29	<b>Usage Notes:</b>	none
<b>Sas Name:</b>	DIAB	<b>Categories:</b>	Medical History: Diabetes
<b>Sas Label:</b>	Diabetes ever		
<b>Type:</b>	Categorical		
<b>Values</b>			
0	No		
1	Yes		

**F2 Age when 1st told diabetes**

How old were you when you were first told you had sugar diabetes? (Don't include diabetes you had only when pregnant.)

<b>Variable #</b>	30	<b>Usage Notes:</b>	Sub-question of F2 V3 Q23 "Sugar diabetes".
<b>Sas Name:</b>	DIABAGE	<b>Categories:</b>	Medical History: Diabetes
<b>Sas Label:</b>	Age first told had diabetes		
<b>Type:</b>	Categorical		
<b>Values</b>			
1	Less than 21		
2	21-29		
3	30-39		
4	40-49		
5	50-59		
6	60-69		
7	70 or older		

**F2 Hospitalized for diabetes**

Were you ever hospitalized for a diabetic coma?

<b>Variable #</b>	31	<b>Usage Notes:</b>	Sub-question of F2 V3 Q23 "Sugar diabetes".
<b>Sas Name:</b>	DIABCOMA	<b>Categories:</b>	Medical History: Diabetes
<b>Sas Label:</b>	Hospitalized for a diabetic coma		
<b>Type:</b>	Categorical		
<b>Values</b>			
0	No		
1	Yes		

**F2 Special diet for diabetes**

Did a doctor ever tell you to keep a special diet for your diabetes?

<b>Variable #</b>	32	<b>Usage Notes:</b>	Sub-question of F2 V3 Q23 "Sugar diabetes".
<b>Sas Name:</b>	DBDIETF2	<b>Categories:</b>	Diet Medical History: Diabetes Study: Eligibility-DM
<b>Sas Label:</b>	Special diet for diabetes		
<b>Type:</b>	Categorical		
<b>Values</b>			
0	No		
1	Yes		





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**F2 Ever taken insulin**

Did you ever take insulin shots?

**Variable #** 33

**Sas Name:** INSULIN

**Sas Label:** Insulin shots ever

**Type:** Categorical

**Values**

0	No
1	Yes

**Usage Notes:** Sub-question of F2 V3 Q23 "Sugar diabetes".

**Categories:** Medical History: Diabetes  
Medical History: Medications

**F2 Taking insulin now**

Are you using insulin now?

**Variable #** 34

**Sas Name:** INSULINW

**Sas Label:** Insulin shots now

**Type:** Categorical

**Values**

0	No
1	Yes

**Usage Notes:** Sub-question of F2 V3 Q23 "Sugar diabetes".  
Sub-question of F2 V3 Q23.4 "Ever taken insulin".

**Categories:** Medical History: Diabetes  
Medical History: Medications

**F2 Pills for diabetes**

Did you ever take pills for your diabetes to lower your blood sugar?

**Variable #** 35

**Sas Name:** DIABPILL

**Sas Label:** Pills for diabetes ever

**Type:** Categorical

**Values**

0	No
1	Yes

**Usage Notes:** Sub-question of F2 V3 Q23 "Sugar diabetes".

**Categories:** Medical History: Diabetes  
Medical History: Medications

**F2 Sugar diabetes now**

Do you have sugar diabetes or high blood sugar now?

**Variable #** 36

**Sas Name:** DIABNW

**Sas Label:** Diabetes now

**Type:** Categorical

**Values**

0	No
1	Yes

**Usage Notes:** Sub-question of F2 V3 Q23 "Sugar diabetes".

**Categories:** Medical History: Diabetes

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**F2 Blood clot in legs**

Did a doctor ever say that you had a blood clot in your legs? This is sometimes called deep vein thrombosis or DVT. This does not include varicose veins or phlebitis.

**Variable #** 37**Usage Notes:** none**Sas Name:** DVT**Sas Label:** DVT ever**Categories:** Medical History: Cardiovascular  
Study: Eligibility-HRT**Type:** Categorical**Values**

0 No

1 Yes

---

**F2 Leg clot in last 6 mon**

Did you have a blood clot in your leg in the last 6 months?

**Variable #** 38**Usage Notes:** Sub-question of F2 V3 Q24 "Blood clot in legs".**Sas Name:** DVT6M**Sas Label:** DVT last 6 months**Categories:** Medical History: Cardiovascular  
Study: Eligibility-HRT**Type:** Categorical**Values**

0 No

1 Yes

---

**F2 Leg clot 1mo after accident**

Did this blood clot occur within one month after a serious accident, fracture, injury, or operation?

**Variable #** 39**Usage Notes:** Sub-question of F2 V3 Q24 "Blood clot in legs".  
Not collected on all versions of Form 2.**Sas Name:** DVTACC1M**Sas Label:** DVT 1 month after accident**Categories:** Medical History: Cardiovascular**Type:** Categorical**Values**

0 No

1 Yes

---

**F2 Blood clot in lung**

Did a doctor ever say that you had a blood clot in your lung? This is sometimes called a pulmonary embolus or PE.

**Variable #** 40**Usage Notes:** none**Sas Name:** PE**Sas Label:** Pulmonary embolism ever**Categories:** Medical History: Cardiovascular  
Study: Eligibility-HRT**Type:** Categorical**Values**

0 No

1 Yes

---



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**F2 Lung clot in last 6 mon**

Did you have a blood clot in your lung in the last 6 months?

Variable # 41

Usage Notes: Sub-question of F2 V3 Q25 "Blood clot in lung".

Sas Name: PE6M

Sas Label: Pulmonary embolism last 6 months

Categories: Medical History: Cardiovascular  
Study: Eligibility-HRT

Type: Categorical

## Values

0	No
1	Yes

**F2 Lung clot 1mo aftr accident**

Did this blood clot occur within one month after a serious accident, fracture, injury, or operation?

Variable # 42

Usage Notes: Sub-question of F2 V3 Q25 "Blood clot in lung".  
Not collected on all versions of Form 2.

Sas Name: PEACC1M

Sas Label: Pulmonary embolism 1 mo after accident

Categories: Medical History: Cardiovascular

Type: Categorical

## Values

0	No
1	Yes

**F2 Stroke ever**

Did a doctor ever say that you had a stroke?

Variable # 43

Usage Notes: none

Sas Name: STROKE

Sas Label: Stroke ever

Categories: Medical History: Cardiovascular

Type: Categorical

## Values

0	No
1	Yes

**F2 Stroke in last 6 months**

Did you have a stroke in the last 6 months?

Variable # 44

Usage Notes: Sub-question of F2 V3 Q26 "Stroke ever".

Sas Name: STROKE6M

Sas Label: Stroke last 6 months

Categories: Medical History: Cardiovascular  
Study: Eligibility-DM  
Study: Eligibility-HRT

Type: Categorical

## Values

0	No
1	Yes

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**F2 Small stroke ever**

Did a doctor ever say that you had a small stroke that lasted less than 24 hours? This is sometimes called a transient ischemic attack or TIA.

**Variable #** 45**Usage Notes:** none**Sas Name:** TIA**Categories:** Medical History: Cardiovascular**Sas Label:** TIA ever**Type:** Categorical**Values**

0	No
---	----

1	Yes
---	-----

---

**F2 Small stroke in last 6 mon**

Did you have a TIA in the last 6 months?

**Variable #** 46**Usage Notes:** Sub-question of F2 V3 Q27 "Small stroke ever".**Sas Name:** TIA6M**Categories:** Medical History: Cardiovascular  
Study: Eligibility-DM  
Study: Eligibility-HRT**Sas Label:** TIA last 6 months**Type:** Categorical**Values**

0	No
---	----

1	Yes
---	-----

---

**F2 Heart attack ever**

Did a doctor ever say that you had a heart attack? This is sometimes called a coronary, myocardial infarction, or MI.

**Variable #** 47**Usage Notes:** none**Sas Name:** MI**Categories:** Medical History: Cardiovascular**Sas Label:** MI ever**Type:** Categorical**Values**

0	No
---	----

1	Yes
---	-----

---

**F2 Age at first heart attack**

How old were you when you had your first heart attack? (Your best guess.)

**Variable #** 48**Usage Notes:** Sub-question of F2 V3 Q28 "Heart attack ever".**Sas Name:** MIAGE**Categories:** Medical History: Cardiovascular**Sas Label:** Age first had MI**Type:** Categorical**Values**

1	Less than 40
---	--------------

2	40-49
---	-------

3	50-59
---	-------

4	60-69
---	-------

5	70 or older
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**F2 Heart attack in last 6 mon**

Did you have a heart attack in the last 6 months?

Variable # 49

Usage Notes: Sub-question of F2 V3 Q28 "Heart attack ever".

Sas Name: MI6M

Sas Label: MI last 6 months

Type: Categorical

Categories: Medical History: Cardiovascular  
Study: Eligibility-DM  
Study: Eligibility-HRT

## Values

0 No

1 Yes

**F2 Sickle cell anemia**

Did a doctor ever say that you had any of the following health problems? (Please mark No or Yes for each problem listed.) Sickle cell anemia?

Variable # 50

Usage Notes: none

Sas Name: SCANEMIA

Sas Label: Sickle cell anemia ever

Type: Categorical

Categories: Medical History: Other Disease/Condition  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

## Values

0 No

1 Yes

**F2 Heart failure**

Did a doctor ever say that you had any of the following health problems? (Please mark No or Yes for each problem listed.) Heart failure?

Variable # 51

Usage Notes: none

Sas Name: CHF\_F2

Sas Label: Heart failure ever

Type: Categorical

Categories: Medical History: Cardiovascular  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

## Values

0 No

1 Yes

**F2 Liver disease**

Did a doctor ever say that you had any of the following health problems? (Please mark No or Yes for each problem listed.) Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)?

Variable # 52

Usage Notes: none

Sas Name: LIVERDIS

Sas Label: Liver disease ever

Type: Categorical

Categories: Medical History: Other Disease/Condition  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

## Values

0 No

1 Yes



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**F2 Bleeding problem**

Did a doctor ever say that you had any of the following health problems? (Please mark No or Yes for each problem listed.) Bleeding problem?

Variable # 53

Usage Notes: none

Sas Name: BLDPROB

Sas Label: Bleeding problem ever

Categories: Medical History: Cardiovascular  
Study: Eligibility-HRT

Type: Categorical

## Values

0 No

1 Yes

**F2 Lost 15 lbs in last 6 month**

Have you lost 15 or more pounds in the last 6 months without trying?

Variable # 54

Usage Notes: none

Sas Name: L15LBS6M

Sas Label: Lost 15 lbs in the last 6 mo w/o trying

Categories: Medical History: Height/Weight History  
Physical Measurements: Height/Weight History  
Study: Eligibility-DM  
Study: Eligibility-HRT

Type: Categorical

## Values

0 No

1 Yes

**F2 Kidney dialysis**

Are you on kidney dialysis or a kidney machine for kidney or renal failure?

Variable # 55

Usage Notes: none

Sas Name: DIALYSIS

Sas Label: Kidney dialysis for kidney failure

Categories: Medical History: Other Disease/Condition  
Study: Eligibility-DM  
Study: Eligibility-HRT  
Study: Eligibility-OS

Type: Categorical

## Values

0 No

1 Yes

**F2 Other long term illness**

Do you have any other long-term or chronic illness?

Variable # 56

Usage Notes: none

Sas Name: OTHCHRON

Sas Label: Other long-term illness

Categories: Medical History: Other Disease/Condition

Type: Categorical

## Values

0 No

1 Yes

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**F2 Hard to be in study**

Are there any reasons, like serious emotional problems, mental illness, or too much stress, that would make it hard for you to be in a research study?

**Variable #** 57**Usage Notes:** Not collected on all versions of Form 2.**Sas Name:** HARDSTDY**Categories:** Study: Interest**Sas Label:** Problems make it hard to participate**Type:** Categorical**Values**

0 No

1 Yes

---

**F2 Able to get to clinic**

Will you be able to come to our clinic?

**Variable #** 58**Usage Notes:** none**Sas Name:** COMECC**Categories:** Study**Sas Label:** Able to come to clinic**Type:** Categorical**Values**

0 No

1 Yes

---

**F2 Special kind of help**

What kind of help would you need to come to our clinic?

**Variable #** 59**Usage Notes:** Sub-question of F2 V3 Q34 "Able to get to clinic".**Sas Name:** HELPCC**Categories:** Study**Sas Label:** Kind of help needed to come to clinic**Type:** Categorical**Values**

1 Transportation

2 Child care

3 Adult care

8 Other

---

**F2 Interested in diet**

Do you think you might be interested in the Dietary Change part of the study?

**Variable #** 60**Usage Notes:** none**Sas Name:** INTDM**Categories:** Study: Interest**Sas Label:** Interested in DM part of study**Type:** Categorical**Values**

0 No

1 Yes

9 Don't know

---

**Form 2 - Eligibility Screening****Data File:** f2\_os\_pub**File Date:** 08/02/2007 **Structure:** One row per participant**Population:** OS participants**F2 Available for meetings**

If you join the dietary part of the study, you will be placed in a dietary change or usual diet group. You may be attending regular group meetings. Will you be available for regular meetings for the next year?

**Variable #** 61**Usage Notes:** Sub-question of F2 V3 Q35 "Interested in diet".  
Not collected on all versions of Form 2.**Sas Name:** AVAILDM**Categories:** Study: Interest**Sas Label:** Available for regular dietary meetings**Type:** Categorical**Values**

0	No
1	Yes

**F2 Interested in HRT**

Do you think you might be interested in the Hormone Replacement part of the study?

**Variable #** 62**Usage Notes:** none**Sas Name:** INTHRT**Categories:** Study: Interest**Sas Label:** Interested in HRT part of study**Type:** Categorical**Values**

0	No
1	Yes
9	Don't know

**F2 Consider only study pills**

If you join the hormone part of the study, you may be placed into the hormone or no-hormone (placebo) group. Would you consider taking only the hormone pills given to you by Clinical Center staff if you join the hormone part of the study?

**Variable #** 63**Usage Notes:** Sub-question of F2 V3 Q36 "Interested in HRT".  
Not collected on all versions of Form 2.**Sas Name:** AVAILHRT**Categories:** Reproductive: Hormones  
Study  
Study: Eligibility-HRT**Sas Label:** Consider taking only HRT from CC**Type:** Categorical**Values**

0	No
1	Yes
9	Don't know

**F2 Talk to doctor**

If you are currently on hormones, are you interested in talking to your doctor about the Hormone Replacement part of the study?

**Variable #** 64**Usage Notes:** Sub-question of F2 V3 Q36 "Interested in HRT".  
Not collected on all versions of Form 2.**Sas Name:** TALKDOC**Categories:** Study**Sas Label:** Interested in talking to Dr. about HRT**Type:** Categorical**Values**

0	No
1	Yes
2	Not on hormones
9	Don't know



**Form 2 - Eligibility Screening****Data File:** f2\_os\_pub**File Date:** 08/02/2007 **Structure:** One row per participant**Population:** OS participants

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**F2 Send HRT info to doctor**

Would you like us to send information about the Hormone Replacement part of the study to your doctor?

**Variable #** 65**Sas Name:** HRTINFDR**Sas Label:** Send HRT info to Doctor**Type:** Categorical**Usage Notes:** Sub-question of F2 V3 Q36 "Interested in HRT".  
Not collected on all versions of Form 2.**Categories:** Study**Values**

0	No
1	Yes

---

**F2 Need help with forms**

Will you need someone to help you fill out forms if you join this study?

**Variable #** 66**Sas Name:** HELPFILL**Sas Label:** Need someone to help fill out forms**Type:** Categorical**Usage Notes:** Not collected on all versions of Form 2.**Categories:** Study**Values**

0	No
1	Yes

---

**HRT use ever**

Computed from Form 2, questions 17 and 17.1. Combines questions 17 and 17.1 into a three category HRT use variable (never, past, current).

**Variable #** 67**Sas Name:** HORMSTAT**Sas Label:** HRT use ever**Type:** Categorical**Usage Notes:** none**Categories:** Computed Variables  
Medical History: Medications  
Medical History: Reproductive  
Reproductive: Hormones**Values**

0	Never used hormones
1	Past hormone user
2	Current hormone user

---

**Hysterectomy age group**

Computed from Form 2, questions 18 and 18.2. Collapses age at hysterectomy categories from question 18.2 into four groups. Set to missing if no hysterectomy, or age at hysterectomy is missing.

**Variable #** 68**Sas Name:** AGEHYST**Sas Label:** Hysterectomy age group**Type:** Categorical**Usage Notes:** none**Categories:** Computed Variables  
Medical History: Reproductive  
Reproductive**Values**

1	< 40
2	40-49
3	50-54
4	55+

---



Form 2 - Eligibility Screening

Data File: f2\_os\_pub      File Date: 08/02/2007      Structure: One row per participant      Population: OS participants

Diabetes treated (pills or shots)

Computed from Form 2, question 23, 23.4 and 23.6. Indicator for whether the participant has ever been treated for diabetes with pills or shots.

**Variable #** 69

**Sas Name:** DIABTRT

**Sas Label:** Diabetes treated (pills or shots)

**Type:** Categorical

**Usage Notes:** none

**Categories:** Computed Variables  
Medical History: Diabetes  
Medical History: Medications

Values	
0	No
1	Yes